

580-5-31-.14 Consumer Eligibility and Level of Care Determinations for Medicaid Waiver Programs.

The Alabama Medicaid Agency designates the DMH/MR as the entity authorized to determine individuals' eligibility for participation in the Medicaid Home and Community-based (HCBS) Waiver for persons with mental retardation (MR Waiver) or for the Alabama Living at Home (~~ALH~~) Waiver (LAH Waiver). Information for eligibility determinations of individuals with mental retardation for enrollment and continued participation in either of these two programs ~~the~~ must be submitted by the designated case management agency to the designated DMH/MR Regional Community Services office.

(1) Definitions:

(a) ICAP (Inventory for Client and Agency Planning) - The standard functional assessment instrument for determining eligibility for the waiver programs. This commercial product will produce a three page summary report known as the Compuscore.

(b) Level of Care Evaluation (LOC) - The form required by the Waiver Programs to document the applicant would otherwise be eligible for and require the level of care provided in, an ICF/MR facility.

(c) Designated Case Management Agency - The agency designated by DMH/MR in each county or group of counties responsible for submitting applications and information regarding individuals waiting for services.

(d) Criticality Summary - The assessment tool created by the Department to evaluate the criticality of a person's need for services. The assessment is to be conducted by case managers with the Designated Case management Agencies, then submitted to the Department for scoring.

(e) Eligibility Worksheet - A form created by the Department to use data from the ICAP Compuscore report to determine level of care, a critical element of determining eligibility for the Waiver programs.

(2) The Department of Mental Health and Mental Retardation maintains a statewide waiting list of persons applying for services through either of the Medicaid waiver programs administered by the Department under delegation of authority from the Alabama Medicaid Agency. Application to

be placed on the waiting list requires much the same information as does an application to be enrolled in the waiver. This is necessary because the Department cannot add a person to the waiting list if there is any indication that that person, once enrollment in a waiver program becomes available, would not be eligible. Therefore, the Department tries to insure, with the information available in the application, that only individuals who are or may become eligible for the waiver are added to the list. ~~an the actual waiver but since the applicant will not know beforehand what his position on the waiting list will be, certain forms are not required until the Department determines the full waiver application is needed.~~ To the extent possible, information submitted to qualify an applicant for the waiting list is not required to be re-submitted when the person is reached on the waiting list and the waiver application needs to be submitted. The following process and information is required in order to be placed on the waiting list:

(a) Applicants contact the designated case management agency in their county.

(b) The case managers/intake coordinators administer an ICAP and a Criticality Summary, and gather or prepare additional information needed to document the person's eligibility for the waiver program (listed below).

(c) The case management agency submits the following information to the Regional Office, which will review the packet and if approved, will enter the person on the waiting list. If the information is submitted through the MRSIS system, many items do not have to be submitted by hardcopy unless the Regional Office requests a copy. If the Regional Office requests a hardcopy, it shall be submitted.

1. A psychological evaluation administered on or after the 18th birthday for an adult; within 3 years of the date of application for a child less than 18 years of age. ~~after age 17 for an adult; within 3 years of application for a child.~~ The most recent school-administered psychological evaluation may be used to meet this requirement for a child;

2. A developmental summary, to assist in determining eligibility, including assuring the onset of

mental retardation before the age of 18, completed within 90 days prior to the application;

3. The ICAP (Inventory for Client and Agency Planning) Compuscore (computerized) report, completed within 90 days prior to the application to be added to the waiting list;

4. An eligibility worksheet, summarizing key information from the ICAP compuscore, from which the regional office can determine the person's level of care. This document is not required if the application is submitted electronically because the same information is captured in the electronic application; and

5. A criticality summary completed within 90 days prior to the application. This document shall be submitted electronically.

(d) The date of application is the day a complete packet is received at the Regional Office

(e) All eligible applicants for the waiver programs shall be added to the statewide waiting list.

(f) Children to age 14 must have an imminent need (within one year) for at least one service under the waivers, to be added to the waiting list. Applicants age 14 and above can be added to the waiting list without an imminent need, under the category of long term planning.

(g) The waiting list is sorted by criticality summary score and by length of time waiting, and a rank is established for each person waiting, with number one being the rank with the most need.

(h) Rank shall be reestablished whenever a criticality summary is added or changed to accommodate new applicants and persons with changing conditions, as determined by criticality scores.

(i) New state funding for the waiting list will be allocated to the highest priority needs, statewide.

(j) Funded vacancies which occur shall be filled with the people with the highest priority needs in the county or adjacent counties.

(k) Local funding for the waiting list shall conform to the waiting list process in similar fashion to funded vacancies.

(4) When a person from the waiting list can be admitted to either of the two Waiver Programs, all forms required by the Alabama Medicaid Agency must be completed accurately and in a timely manner by the case management agency. Otherwise, they will be returned to the submitting agency for correction and resubmission.

(5) For each individual who has requested waiver services, and whose turn it is to be admitted to one of the waiver programs from the waiting list, the designated ~~310~~ case management agency shall submit to the Regional Community Services office the following:

~~(a) A request for a waiver slot, including information as to the potential source of legitimate matching funds and whether or not the person is Medicaid eligible.~~

~~(b)~~ Eligibility Packet - The designated ~~310~~ case management agency submits an eligibility packet to the designated Regional Community Service Office in the timeframe specified by DMH/MR, including the forms listed below, each of which . ~~Each form must~~ shall be completed by persons with the credentials specified in the form, and each of which must have original signatures, if so required. In addition to completing an on-line (DMH/MR MRSIS) application and eligibility worksheet, the following forms are required to be submitted:

1. The eligibility worksheet, which provides information needed to complete an ICF/MR Level of Care Evaluation. This document is not required if the application is submitted electronically.

2. A Summary of Habilitation form. Note the form may also be submitted electronically.

3. Documentation of Free Choice of Provider. A document, signed by the consumer or family, substantiating the consumer's free choice of providers in the county of service. This form may be scanned into a computer and attached to the consumer's MRSIS record as a note.

4. A "Dissatisfaction of Service" form (Notification of due process rights)-, which can be signed, then scanned into a computer and attached to the consumer's MRSIS record as a note.

5. The Plan of Care, which can be signed, then scanned into a computer and attached to the consumer's MRSIS record as a note.

eb) Initial Eligibility Determinations - The following required diagnostic and evaluation reports or summaries must be submitted in addition to the completed eligibility packet, unless they were previously submitted to qualify the individual for the waiting list, as noted in the paragraphs below. In this case, include a cover sheet with appropriate notations and updates.

1. A psychological assessment, administered on or after age 17 the 18th birthday for adults, and within three years of application for children below age 18 years, is required. A copy of the psychological assessment must be submitted if requested by the Regional Community Service Office, verifying by signature that it was administered and interpreted by a qualified professional. It must reflect a score or conclusion that the individual is within the IQ range defined for a person with mental retardation, and it must contain or be accompanied by evidence that the person's mental retardation occurred before age 18. If a psychological administered after age 17 the 18th birthday has previously been submitted for waiting list qualification, ~~note this fact on a cover sheet and~~ do not resubmit the report unless asked to do so. If the applicant is currently less than 18 years of age, a previously submitted psychological is adequate only if it ~~has been~~ was administered within three years prior to the current application date. ~~If this is so, note it on a cover sheet.~~ If not, acquire a new psychological evaluation. In the MRSIS system, a previously submitted and approved eligibility assessment may have a new date of psychological evaluation added, together with any changes it produces, through an update function.

2. A standardized measurement of adaptive behavior that has been administered within 90 days prior to the date of waiver application. The measure of adaptive behavior must verify by signature that it was administered and interpreted by a qualified professional and must include a

score or conclusion by that professional that the individual's adaptive behavior is within the range defined for a person with mental retardation. The ICAP (Inventory for Client and Agency Planning) Compuscore report is required, but other assessments such as the Vineland or Adaptive Behavior Scale (ABS) may be used to supplement the information provided by the ICAP. The Regional Community Service Office may require submission of the ICAP Compuscore, or the ICAP itself, or an additional instrument (the ABS) if there is doubt about the person's qualification for an ICF/MR level of care. If an ICAP was previously submitted to qualify the applicant for the waiting list, ~~and that ICAP is no more than 24 months old,~~ its information will be acceptable if all information remains the same and the case manager verifies he or she reviewed it within 90 days prior to the application date, and if the Regional Community Service Office has no question about the person's qualification for an ICF/MR level of care.

3. A copy of a physical examination performed and signed by a licensed physician or a medical summary or physical assessment performed by a registered nurse, where the examination or assessment was conducted within ~~90~~ 365 days prior entry to the waiver and describes the medical status of the individual. This requirement applies regardless of the applicant's waiting list status.

4. A social development summary completed within 90 days prior to waiver application describing the family and developmental history and other pertinent information regarding the individual. If this document was previously submitted to qualify the applicant for the waiting list, a copy will suffice another copy does not need to be submitted unless requested.

5. Other professional evaluations may be necessary to support the individual's application for an ICF/MR level of care. Note that psychological, adaptive, social, physical and other evaluations submitted to the Regional Community Service Office should be COPIES rather than originals.

~~6. A Criticality Summary completed within 90 days prior to application.~~

(6) Annual Eligibility Re-determinations - The agency/provider submits the following required reports or summary statements in addition to the completed eligibility packet:

(a) For an adult, tThe psychological assessment from which the eligibility criterion of mental retardation was established will be considered valid until the original assessment is challenged, a condition changes, and/or a new assessment is completed. Only submit a copy of the psychological assessment if it is new. On the Eligibility application, indicate the date of the assessment from which the IQ was taken.

(b) For redetermination of a child who is in services, the eligibility assessment must reflect the most recent psychological evaluation results, and that evaluation must be no more than three years prior to the redetermination application date, with the following exception: If the most recent IQ test was performed more than three years prior to the redetermination date and the current school IEP team has determined and documented that the resulting IQ test score remains accurate, the date of the IEP meeting at which this determination was made will be acceptable in the eligibility assessment. The case manager submitting the redetermination must document through a note and copy of the IEP that the child's test scores were reviewed and continue to be an accurate reflection of the child's intellectual functioning.

(c) If requested, a copy of an ICAP administered within the previous 24 months (2 years), unless all information from an earlier ICAP remains the same. If information remains the same, include a notation that all information remains the same. If information has changed, a new ICAP must be administered. Likewise, if the Regional Community Service Office requires a new ICAP, it must be conducted and information from its Compuscore report submitted. The ICAP information may be submitted through the electronic system, and not hard copy, unless the Regional Office requires a copy of the original document.

(d) A statement summarizing any changes that may have occurred in the individual's health status since the previous Level of Care determination.

(e) A statement summarizing any social or financial changes that have occurred with the individual, family or caregivers since the previous Level of Care determination.

(7) Applications for supported employment under the waiver require the applicant to obtain a letter from the Alabama Department of Rehabilitation Services (ADRS) certifying that the person is either not eligible for employment services through that agency or that ADRS has provided services to the individual and since closed their case. Individuals who are eligible for service through ADRS are not eligible for employment related services through the HCB Waiver until they have exhausted their ADRS benefits.

(8) Eligibility for the HCB Waiver requires a determination that the individual would, but for receiving services under the waiver, require and actually receive services in an institution (federal regulation - 42 CFR 441.302(c)(1)). A determination of waiver eligibility must therefore be made by DMH/MR through the regional community service office on a case-by-case basis, assessing the true probability that each individual would actually enter an ICF/MR minus the services of the waiver.

(9) The designated case management agency for each county/area shall serve as the point of entry for waiver applications. The designated case management agency will collect the necessary documentation and file the application with the Regional Community Service Office. The Community Service Office will determine eligibility and process the waiver application so that the person will either be determined ineligible for the waiver; determined eligible for the waiver but placed on a waiting list; or determined eligible for the waiver and enrolled in the program, depending upon criticality of need and availability of resources.

(10) The LAH Waiver Program - Other Requirements: The following requirements apply to the LAH Waiver Program, in addition to meeting the requirements for the MR Waiver Program.

(a) An essential component of the Living at Home Waiver is that it will serve people who already have a place to live and just need supports to maintain that living arrangement while engaging in community based activities and programs.

(b) The Living at Home Waiver has expenditure limits, not inclusive of crisis intervention costs, and people who reasonably are expected to need more funding than the current limit shall not be admitted to the Living at Home Waiver.

(c) Eligibility determination shall require the same information as is required for the MR Waiver Program.

Author: Division of Mental Retardation, DMH/MR

Statutory Authority: Code of Alabama 1975, §22-50-11.

History: New Rule: Filed February 4, 2005; effective March 11, 2005. **Amended:** Filed March 27, 2007; effective May 1, 2007. Amended: Filed March 11, 2009